

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the linesAmerican Association of Physician Specialists Inc. Politician Action Committee  
(AAPSPAG)

ADDRESS (number and street)

2296 Henderson Mill Road

Suite 206

☐Check if different  
than previously  
reported. (ACC)

Atlanta

GA

30345

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00331017

3. IS THIS  
REPORT☐NEW  
(N)**OR**☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☒January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

1 1

2 6

2 0 0 2

through

1 2

3 1

2 0 0 2

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Stephen A. Montes D.O.

Signature of Treasurer

Electronically Filed by Stephen A. Montes D.O.

Date

0 4

1 6

2 0 0 7

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Association of Physician Specialists Inc. Politician Action Committee  
(AAPSPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	2	6	2	0	0	2

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	2

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2002</span>		87796.28
(b) Cash on Hand at Beginning of Reporting Period .....	93816.45	
(c) Total Receipts (from Line 19) .....	1450.00	34970.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	95266.45	122766.28
7. Total Disbursements (from Line 31) .....	41.33	27541.16
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	95225.12	95225.12
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Association of Physician Specialists Inc. Politician Action Committee  
(AAPSPAC)

Report Covering the Period:

From:

M	M
1	1

D	D
2	6

Y	Y	Y	Y
2	0	0	2

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	2

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1450.00	29340.00
(i) Itemized (use Schedule A) .....	.00	5530.00
(ii) Unitemized .....	1450.00	34870.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	.00	.00
(b) Political Party Committees .....	.00	.00
(c) Other Political Committees (such as PACs) .....	.00	.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	1450.00	34870.00
12. Transfers From Affiliated/Other Party Committees .....	.00	.00
13. All Loans Received .....	.00	.00
14. Loan Repayments Received .....	.00	.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	.00	100.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	.00	.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	.00	.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	.00	.00
(b) Levin Funds (from Schedule H5) .....	.00	.00
(c) Total Transfer (add 18(a) and 18(b)).	.00	.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	1450.00	34970.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1450.00	34970.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	.00	.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	.00	.00
(b) Other Federal Operating Expenditures.....	41.33	1541.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	41.33	1541.16
22. Transfers to Affiliated/Other Party Committees.....	.00	.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	.00	12500.00
24. Independent Expenditure (use Schedule E) .....	.00	.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	.00	.00
26. Loan Repayments Made.....	.00	.00
27. Loans Made.....	.00	.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	.00	.00
(b) Political Party Committees .....	.00	.00
(c) Other Political Committees (such as PACs) .....	.00	.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	.00	.00
29. Other Disbursements.....	.00	13500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	.00	.00
(ii) "Levin" Share .....	.00	.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	.00	.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	.00	.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	41.33	27541.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	41.33	27541.16

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	1450.00	34870.00
34. Total Contribution Refunds (from Line 28(d)) .....	.00	.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1450.00	34870.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	41.33	1541.16
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	.00	100.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	41.33	1441.16

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 14

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee  
(AAPSPAC)

Full Name (Last, First, Middle Initial)

**A.** Adrian L. DeLaTorre, M.D.

Mailing Address 42103 Mohave Rose Drive

City State Zip Code  
 Lancaster CA 93536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Physician

Receipt For: 2004

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 6 / 2 0 0 2

Transaction ID: SA11Ai-CN1715

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B.** Adrian L. DeLaTorre, M.D.

Mailing Address 42103 Mohave Rose Drive

City State Zip Code  
 Lancaster CA 93536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Physician

Receipt For: 2004

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 0 / 2 0 0 2

Transaction ID: SA11Ai-CN1724

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C.** Dr. Robert A. Donovan, M.D.

Mailing Address 6859 Zerillo Drive

City State Zip Code  
 Riverbank CA 95367

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Physician

Receipt For: 2004

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 1 / 2 0 0 2

Transaction ID: SA11Ai-CN1726

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 14

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee  
(AAPSPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Thomas Ebner, D.O.		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 6 / 2 0 0 2
Mailing Address 4100 Warrensville Center Road Bldg. B		<b>Transaction ID:</b> SA11Ai-CN1708
City State Zip Code Beachwood OH 44122	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self	Occupation Physician	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Thomas Ebner, D.O.		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 2
Mailing Address 4100 Warrensville Center Road Bldg. B		<b>Transaction ID:</b> SA11Ai-CN1717
City State Zip Code Beachwood OH 44122	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self	Occupation Physician	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. James Phillip Eisenberg, M.D.		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 6 / 2 0 0 2
Mailing Address 1400 East Second Street		<b>Transaction ID:</b> SA11Ai-CN1716
City State Zip Code Defiance OH 43512	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Defiance Clinic	Occupation Physician	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 / 14

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee  
(AAPSPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. James Phillip Eisenberg, M.D. Mailing Address 1400 East Second Street City Defiance State OH Zip Code 43512 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Defiance Clinic Occupation Physician Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>2</td> </tr> </table> Transaction ID: SA11Ai-CN1725 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	3	0	/	2	0	0	2	100.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	2	/	3	0	/	2	0	0	2																							
100.00																																
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Kenneth Flowe, M.D. Mailing Address 18 Wimbledon Drive City Roxboro State NC Zip Code 27573 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer person Emergency Physicians Occupation Physician Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>2</td> </tr> </table> Transaction ID: SA11Ai-CN1710 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	6	/	2	0	0	2	50.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	1	/	2	6	/	2	0	0	2																							
50.00																																
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Kenneth Flowe, M.D. Mailing Address 18 Wimbledon Drive City Roxboro State NC Zip Code 27573 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer person Emergency Physicians Occupation Physician Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>2</td> </tr> </table> Transaction ID: SA11Ai-CN1719 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	3	0	/	2	0	0	2	50.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	2	/	3	0	/	2	0	0	2																							
50.00																																

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 14

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee  
(AAPSPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Peter Lamelas, M.D. Mailing Address 65 Spoonbill Road City State Zip Code Lake Worth FL 33462 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Team Health Occupation Physician Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 6 / 2 0 0 2 <b>Transaction ID:</b> SA11Ai-CN1709 Amount of Each Receipt this Period 100.00
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Peter Lamelas, M.D. Mailing Address 65 Spoonbill Road City State Zip Code Lake Worth FL 33462 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Team Health Occupation Physician Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 2 <b>Transaction ID:</b> SA11Ai-CN1718 Amount of Each Receipt this Period 100.00
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Jerry R. Majers, D.O. Mailing Address 6200 SW Vorse Road City State Zip Code Auburn KS 66402 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer VA Occupation Physician Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 6 / 2 0 0 2 <b>Transaction ID:</b> SA11Ai-CN1713 Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 14

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee  
(AAPSPAC)

**A.** Full Name (Last, First, Middle Initial)  
Dr. Jerry R. Majers, D.O.  
Mailing Address 6200 SW Vorse Road

City State Zip Code  
Auburn KS 66402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VAOccupation  
Physician

Receipt For: 2004  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	0		2	0	0	2

Transaction ID: SA11Ai-CN1722

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Stephen McConnell, M.D.  
Mailing Address 4804 Knollwood Ct

City State Zip Code  
Valparaiso IN 46383

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emergency Medicine of Ind-  
ianaOccupation  
Physician

Receipt For: 2004  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	6		2	0	0	2

Transaction ID: SA11Ai-CN1712

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Stephen McConnell, M.D.  
Mailing Address 4804 Knollwood Ct

City State Zip Code  
Valparaiso IN 46383

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emergency Medicine of Ind-  
ianaOccupation  
Physician

Receipt For: 2004  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	0		2	0	0	2

Transaction ID: SA11Ai-CN1721

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

150.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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American Association of Physician Specialists Inc. Politician Action Committee  
(AAPSPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. David Pietrasiuk, M.D. Mailing Address 715 Shipwatch Dr. City State Zip Code Jacksonville FL 32225 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Occupation Physician Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1150.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 6 / 2 0 0 2 <b>Transaction ID:</b> SA11Ai-CN1714 Amount of Each Receipt this Period 100.00
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. David Pietrasiuk, M.D. Mailing Address 715 Shipwatch Dr. City State Zip Code Jacksonville FL 32225 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Occupation Physician Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 2 <b>Transaction ID:</b> SA11Ai-CN1723 Amount of Each Receipt this Period 100.00
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Michael C. Saltzburg, D.O. Mailing Address 9 Blairmont Terrace City State Zip Code Hollidaysburg PA 16648 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Occupation Physician Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 6 / 2 0 0 2 <b>Transaction ID:</b> SA11Ai-CN1711 Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee  
(AAPSPAC)

**A.**

Full Name (Last, First, Middle Initial)

Dr. Michael C. Saltzburg, D.O.

Mailing Address 9 Blairmont Terrace

City

Hollidaysburg

State

PA

Zip Code

16648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Physician

Receipt For: 2004

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 2

Transaction ID: SA11Ai-CN1720

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

50.00

**TOTAL** This Period (last page this line number only) .....

1450.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee  
(AAPSPAC)

Full Name (Last, First, Middle Initial)

**A.** American Express

Mailing Address P. O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement

Bank Service Charge

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2004  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** SB21b-EX292

Date of Disbursement

12 / 02 / 2002

Amount of Each Disbursement this Period

9.30

Merchant Charge

Full Name (Last, First, Middle Initial)

**B.** American Express

Mailing Address P. O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement

Bank Service Charge

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2004  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** SB21b-EX291

Date of Disbursement

12 / 30 / 2002

Amount of Each Disbursement this Period

4.50

Merchant Charge

Full Name (Last, First, Middle Initial)

**C.** Discover

Mailing Address P.O. Box 52145

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement

Bank Service Charge

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21b-EX290

Date of Disbursement

12 / 03 / 2002

Amount of Each Disbursement this Period

1.28

Bank Service Charge

**SUBTOTAL** of Disbursements This Page (optional) .....

15.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee  
(AAPSPAC)

Full Name (Last, First, Middle Initial)

**A. Termnet Merchant Services**

Mailing Address 2030 Powers Ferry Road  
Suite 134

City Atlanta State GA Zip Code 30339

Purpose of Disbursement

Bank Service Charge

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2004  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB21b-EX288

Date of Disbursement

MM / DD / YYYY  
12 / 03 / 2002

Amount of Each Disbursement this Period

26.25

Merchant Charge

**SUBTOTAL** of Disbursements This Page (optional) .....

26.25

**TOTAL** This Period (last page this line number only) .....

41.33